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## BIB DATA SHEET

CONFIRMATION NO. 8364

<b>SERIAL NUMBER</b> 09/017,450	<b>FILING or 371(c) DATE</b> 02/02/1998 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 2857	<b>ATTORNEY DOCKET NO.</b> INT1PO12		
<b>APPLICANTS</b> MARCOS R. VESCOVI, PALO ALTO, CA; PHILIPPE P. PIERNOT, PALO ALTO, CA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/18/1998						
Foreign Priority claimed <input type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 15	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> PERKINS COIE LLP PATENT-SEA P.O. BOX 1247 SEATTLE, WA 98111-1247 UNITED STATES						
<b>TITLE</b> CODED OBJECT SYSTEM AND CODE RECOGNITION METHODS						
<b>FILING FEE RECEIVED</b> 1010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/017,450	FILING DATE 02/02/98	CLASS 364 702	GROUP ART UNIT 2764 2853	ATTORNEY DOCKET NO. INT1P012
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APPLICANT MARCOS R. VESCOVI, PALO ALTO, CA; PHILIPPE P. PIERNOT, PALO ALTO, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

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\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

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\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

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FOREIGN FILING LICENSE GRANTED 04/18/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 30	INDEP CLAIM 2
Verified and Acknowledged Examiner's Initials <u>10</u> Initials _____						

ADDRESS Customer Number  
22434

TITLE CODED OBJECT SYSTEM AND CODE RECOGNITION METHODS

FILING FEE RECEIVED  \$1,010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext.) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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